

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	702255	10-29-99
O.I.P.E. CLASSIFIER		48	10/21/99
FORMALITY REVIEW		(64117)	10-25-99
			11-16-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 II ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	8/1
1	2/13
2	1/18
3	N
4	N
5	N
6	N
7	N
8	N
9	N
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
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28	N
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30	N
31	N
32	N
33	N
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37	N
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39	N
40	N
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N
50	N

Claim	Date
Final	
Original	
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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